

CITY FEE \$.
STATE	
3% FEE \$.
DEPOSIT \$.
TOTAL \$.

CITY OF BROOKLYN

7619 Memphis Avenue, Brooklyn, OH 44144

APPLICATION FOR PERMIT

PERMIT # _____

PRINT CLEARLY

APPLICATION # _____

SITE ADDRESS _____ LOT SIZE _____ x _____

OWNER _____ OWNER ADDRESS _____

LOT/PP# _____ - _____ OWNER PHONE # (____) _____ - _____

CONTRACTOR COMPANY NAME _____

ADDRESS _____ PHONE (____) _____ - _____

CITY _____ PAGER/CELL # (____) _____ - _____

PROJECT NAME _____ SQ. FOOTAGE _____

APPLICANT TYPE: <input type="checkbox"/> BUILDING <input type="checkbox"/> DEMOLITION <input type="checkbox"/> SIGN <input type="checkbox"/> PLUMBING <input type="checkbox"/> HVAC
PRESENT USE: <input type="checkbox"/> ACCESSORY STRUCTURE <input type="checkbox"/> APT. BLDG. <input type="checkbox"/> COMM. BLDG. <input type="checkbox"/> STORE
<input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> OFFICE <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RESTAURANT <input type="checkbox"/> VACANT LAND
PROPOSED WORK: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATION/REPAIR <input type="checkbox"/> # _____ DWELLING UNITS
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> ASSEMBLY/RECREATION <input type="checkbox"/> BUSINESS/PROFESSIONAL <input type="checkbox"/> CHURCH/RELIGIOUS
<input type="checkbox"/> EDUCATIONAL <input type="checkbox"/> GARAGE <input type="checkbox"/> MERCANTILE/STORE <input type="checkbox"/> RESTAURANT <input type="checkbox"/> OTHER

WORK TO BE PERFORMED:

PROJECT COST: \$ _____ APPLICANT NAME: (PRINT) _____

APPLICANT SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

Other permits required? _____ Zoning Variance required? _____

Site Plan Approval required? _____ Planning Commission Approval required? _____

Application Status: ☐ OPEN ☐ DENIED ☐ PENDING

ADDITIONAL COMMENTS: _____

Amount Due: \$ _____ Amount Paid: \$ _____ (Cash / Check # _____)

MasterCard / VISA#: (circle one) _____ Exp. Date: ____/____/____

Billing Address: _____ Zip: _____ Approved By: _____ Date: ____/____/____